

CORRECTION

Schooling CM, Au Yeung SL, Freeman G. Mendelian randomization estimates may be inflated. J Am Coll Cardiol 2013;61:1931.

One of the author's names was misspelled as: Shiu Lun Yeung. The correct spelling is as follows:

Shiu Lun Au Yeung

We apologize for this error.

<http://dx.doi.org/10.1016/j.jacc.2014.04.007>

CORRECTION

O'Malley RG, Bonaca MP, Scirica BM, Murphy SA, Jarolim P, Sabatine MS, Braunwald E, Morrow DA. Prognostic performance of multiple biomarkers in patients with non-ST-Segment elevation acute coronary syndrome: analysis from the MERLIN-TIMI 36 trial (Metabolic Efficiency With Ranolazine for Less Ischemia in Non-ST-Elevation Acute Coronary Syndromes-Thrombolysis In Myocardial Infarction 36). J Am Coll Cardiol 2014;63:1644-53.

In the Results section of the Abstract:

A high concentration (quartile 4 vs. quartiles 1 to 3) of each biomarker identified an increased risk of CV death or HF (copeptin: 13.2% vs. 5.0%, $p > 0.001$; MR-proADM: 15.8% vs. 4.1%, $p > 0.001$; MR-proANP: 17.7% vs. 3.5%, $p > 0.001$) as well as CV death, HF, and myocardial infarction individually (all $p \leq 0.001$).

and

These biomarkers improved prognostic discrimination and patient re-classification for CV death or HF at 1 year (all categorical NRI $< 10\%$, $p > 0.001$), and maintained independent association with composite CV death or HF when concurrently assessed in a model with clinical indicators plus BNP, cTnI, ST2, PAPP-A, and MPO (each $p \leq 0.01$).

Should have been:

A high concentration (quartile 4 vs. quartiles 1 to 3) of each biomarker identified an increased risk of CV death or HF (copeptin: 13.2% vs. 5.0%, $p < 0.001$; MR-proADM: 15.8% vs. 4.1%, $p < 0.001$; MR-proANP: 17.7% vs. 3.5%, $p < 0.001$) as well as CV death, HF, and myocardial infarction individually (all $p \leq 0.001$).

and

These biomarkers improved prognostic discrimination and patient re-classification for CV death or HF at 1 year (all categorical NRI $> 10\%$, $p < 0.001$), and maintained independent association with composite CV death or HF when concurrently assessed in a model with clinical indicators plus BNP, cTnI, ST2, PAPP-A, and MPO (each $p \leq 0.01$).

The symbols were inadvertently changed during the final production of the manuscript before transmission to the publisher.

We apologize for this error.

<http://dx.doi.org/10.1016/j.jacc.2014.04.021>